

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

10/568112  
APPLICANT

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	2		1			
14	1		1			
15	2		1			
16	2		1			
17	2		1			
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49						
50						
TOTAL IND.		2		2		
TOTAL DEP.		18		18		
TOTAL CLASSES	20	20	20	20	20	20

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		2		2		
TOTAL DEP.		18		18		
TOTAL CLASSES	20	20	20	20	20	20